	V	ELIGIBILITY CHECKLIST 3	Visit Numb Visit Date:	tials:
(Clinic Coordinator completed)				
E3_01 1.	Is the subject's pre-b	ronchodilator FEV ₁ between 55-90% predicted?	\Box_1 Yes	□ ₀ No
E3_02 2.	In the past 6 months, does the subject have source documentation of $\geq 12\%$ FEV ₁ response to asthma therapy (any spirometry system) or a positive response to inhalation of methacholine by the methods described in the Manual of Operations (PC ₂₀ for methacholine ≤ 8 mg/ml on an ACRN spirometry system only)?			
E3_03 3.	Is the subject's morn	ing cortisol $\ge 5 \ \mu$ g/dL?	□ ₁ Yes	□ ₀ No
E3_04 4.	Is the subject able to	use a metered dose inhaler properly?	□ ₁ Yes	□ ₀ No
E3_05 5.	Does the subject hav (> 1.25 x upper norm	e an abnormal BUN or creatinine value al limit)?	Yes	D ₀ No
E3_06 6.		e an abnormal bilirubin, alk phos, SGOT, s x upper normal limit)?	Yes	□ ₀ No
E3_07 7.	Does the subject hav	e a positive pregnancy test?	Yes	□ ₀ No □ ₉ N/A
E3_08 8.	•	ly using intranasal steroids, or does the subject nasal steroids during the course of the study?	□ ₁ Yes	□ No
E3_08a	lf <i>Yes</i> , please choose	e one of the following:		
	\Box_0 the subject agrees to stop use of all intranasal steroids for the duration of the study			
	\Box_1 the subject agrees to adhere to a course of beclomethasone dipropionate at a dose not to exceed 100 μ g in each nostril BID throughout the duration of the study			
the subject does not agree to adhere to the criteria regarding intranasal steroid use as outlined in the Manual of Operations				
E3_09 9.	Is the subject eligible the subject is NOT eligi	? If any of the shaded boxes are filled in, ble.	□ ₁ Yes	□ ₀ No